

# California Worker Health & Safety at a Glance

A solar panel installer falls to his death. A custodian gets work-related asthma from cleaning products. A painter is tested and found to have lead poisoning. Every year, thousands of California workers are injured on the job or become ill as a result of health hazards at work. These work-related injuries and illnesses can be prevented. Having the data necessary to understand the problem is the first step.

## What the numbers show

**Workers die on the job** – Twelve workers tragically lose their lives on the job *each day* in the United States, with 409 workplace deaths in California in 2009. Latino workers are particularly at risk. In Los Angeles County, where nearly one quarter of the state's fatalities occur, Latino workers have a 50% higher fatality rate than non-Latino workers.

**Workers are still getting lead poisoned** – Despite all that is known about the dangers of lead poisoning, workers are still reported with elevated blood lead levels every year. In 2009 alone, there were 1,719 workers with blood lead levels at least 10 times higher than an average adult. Many more workers are poisoned but never get a blood lead level test. The lead may be damaging these workers' brains, kidneys, reproductive systems, and more. Employees who work with radiators, make or recycle batteries, or who remove paint are particularly at risk.

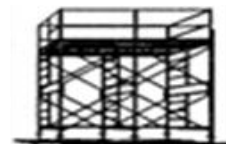
**Work-related asthma is widespread** – In California, about 315,000 adults have work-related asthma ("WRA"), yet it is often not recognized or reported.

Asthma is considered work-related when caused or made worse at work. The majority of WRA cases are new-onset asthma, meaning exposures or conditions at work caused the person to get asthma. Exposures are found in many work settings, and industries with the highest rates include wood and lumber, transit, utilities, heavy construction, and social/health services. The most common triggers include dust, smoke, chemicals, cleaning materials, mold, and paint. People can prevent WRA by identifying the causes and triggers, and controlling exposures or finding safer substitutes.

**Pesticide illness goes unreported** – California leads the nation in the number of pounds of pesticides applied (156 million used in 2009). Each year pesticides poison workers; 128 reported becoming ill in 2009. This number is likely an undercount because the majority of workers who become ill are employed in agriculture, where many low-wage, immigrant workers may not have access to or may be afraid to seek medical care. Pesticide exposure is a concern not just for agricultural workers, however.

### Latino day laborer dies from fall

A 40-year-old day laborer from Mexico fell off a scaffold and died while applying stone and stucco to a home.



The homeowners' gardener had subcontracted the job to the laborer, who rented the scaffold. The scaffolding guard rails were not used, and the laborer was not wearing personal fall protection.

*What could have been done?*

- California workers elevated more than 7.5 feet off of the ground are required to use fall protection. The scaffoldings' secured guard rails or a personal fall arrest or restraint system should have been used.
- Homeowners should ensure that their contractors are trained and can competently use fall protection.

Nearly one out of five Californians reported with work-related pesticide illnesses have been exposed to pesticides in indoor air.

***Carpal tunnel syndrome is common*** – Repetitive stress injuries are some of the most common and costly workplace injuries. An estimated 12,947 carpal tunnel syndrome workers' compensation claims were filed in California in 2009. The U.S. Bureau of Labor Statistics estimated that there were 28,570 musculoskeletal disorders that caused workers to lose days of work reported in California in 2009.

***Workplace injuries and illnesses are undercounted*** – Nonfatal workplace injuries and illnesses are not well documented. More than four workers out of every hundred workers were reported to have an occupational injury or illness in California in 2009, totaling nearly half a million workers. This number is an undercount because many injuries and illnesses are not reported, or are not reported as work-related, and many types of employees are excluded.

## **Occupational injuries and illnesses are costly – \$9.4 billion in 2008**

California's work-related injuries and illnesses result in substantial human and economic costs. Worker's compensation benefits paid in 2008 alone totaled \$9.4 billion. This figure is large, but it is only a fraction of the true indirect and direct annual costs of work-related injuries and illnesses.

## **Why we collect and analyze data**

We know about work-related injuries and illnesses from a variety of sources, including reports from Cal/OSHA, employers, doctors, hospitals, labs and the state workers' compensation system. By analyzing the cases that are reported, we can pinpoint where the greatest hazards lie and work with workers, advocates, employers and other agencies to reduce or eliminate them.

## **What needs to be done**

With Cal/OSHA only able to inspect less than one percent of work establishments each year, we can't rely on regulatory visits and enforcement alone to prevent workplace injuries and illnesses.

**Count all injuries and illnesses** – Many different data sources should be used to track workplace injuries and illnesses, and the quality of each source must be improved. Health care providers should ask patients about workplace exposures and are required to report work-related injuries and illnesses. Employers and workers also play key roles in reporting workplace injuries and illnesses.

**Control hazards** – Reduce or control workplace safety and health hazards. Substitute safer alternatives for chemicals known to be toxic, and if none exist, reduce worker exposure.

**Increase communication** – Workplace safety begins with employer Injury and Illness Prevention Programs (IIPPs) that include management commitment, employee participation, hazard identification and fixes, and worker training. Effective IIPPs are especially challenging for small employers and those with non-English-speaking workers.

Data from the following sources: Occupational Health Branch, California Department of Public Health; US Bureau of Labor Statistics (BLS) Annual Survey of Occupational Injuries and Illnesses; California Workers' Compensation Information System; U.S. Department of Labor Occupational Safety and Health Administration Inspection Reports; National Academy of Social Insurance (NASI).

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